The Country Surgeon

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Presidential Address to the Northern Ireland Branch of the British Medical Association, 21st October, 1948

I am fully aware of the very great honour done me by my election as President of the Northern Ireland Branch of the British Medical Association, but, at the same time, I am acutely conscious of my inability to fill that position in the manner to which you have been accustomed.

For the past twelve months I have been attending meetings of Branch Council, etc., endeavouring to learn my job under the able chairmanship of your past President, Mr. Ian McClure, and each time I have envied him more and more:—(1) His marvellous knowledge of medical affairs in all branches of the profession; (2) his ability to sum up a situation or a wandering speech; (3) his remarkable energy and control; and (4) his power to get a maximum of work done in a minimum of time.

I will endeavour to follow in his footsteps, but I fear the standard and pace set by him, and I may lag far behind. I trust, therefore, you will bear with me in my shortcomings, knowing that I am only a very lesser star in the medical constellation.

Now, this great honour of being your President is not altogether an unmixed blessing, and I owe my present embarrassed position mainly to listening to the blarney of one whom I had thought to be one of my oldest and best friends—Dr. George Lyttle. It was he who told me of my nomination, and, on my anxious enquiry, informed me that he did not think it was necessary to read a paper. Later reference, however, to the secretary, Dr. Fred Halliday, soon dispelled this spot of sunshine, and I was committed.

Your list of Past Presidents contains the names of many men eminent in some specialised branch of professional work, and many more, less eminent, perhaps, but who have gained the confidence and respect of their colleagues simply through their devotion to their chosen life's work. The age incidence is far from constant; some attain to the honour quite early in middle life; others not until verging on their dotage. For example, last year I remember at this meeting Mr. McClure was able to introduce himself as one of the youngest, if not *the* youngest President ever elected. This year the pendulum has swung rather, and I am afraid I am quite unable to make any such claim. Indeed, if there was likely to be any material advantage—a pension for instance, or, as it is now more kindly called, a retiring allowance, I might be tempted to be more specific and stake my claim at or near to the opposite pole.

Now what on earth was I to talk to you about? And, believe me, Ladies and gentlemen, the answer to that question has worried me quite a bit.

I have no speciality to put before you; no research work to whet your curiosity; and, while the reminiscences of my earlier years might be amusing, they would certainly not be of any educative value, and might well be out of place in the heavy atmosphere of a medical meeting. In discussing this problem with one of my colleagues, he facetiously suggested a paper on Gilbert and Sullivan as applied to Medicine. Well, just at this moment, I wish I had the gift of words and wit of a Gilbert and the harmony and rhythm of a Sullivan.

"My object all sublime, I should achieve in time.
To make the punishment fit the crime . . ." And I might even . . .
"Make a little list of those who never would be missed."

Most of you could lend me a hand with this!

After much thought, I finally decided that I should do something to throw a spotlight, if only for a few minutes this evening, on the work of a devoted body of men who toiled, often in poor surroundings, with inadequate equipment, and under many other disadvantages, for many years and with small reward, so I chose for my title:

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I was fortunate in my life and career to have known a number of these men, and to one or two of them I owe a great deal. My experience of their work extends over a period of forty years, and so any names I mention will probably only be remembered by the most senior of our members. Each county seemed to produce a man outstanding in ability or initiative, or both, and so we have such household names as . . . St. George of Lisburn, Darling of Lurgan, Kidd of Enniskillen, Tate of Downpatrick, Thompson of Omagh, and Palmer of Armagh.

These men have now all gone to their reward, but the record of their work still lives with those who have succeeded to their posts and with those who have benefited by their ministrations.

With one exception, they were surgeons to a County Infirmary, and with two exceptions, they were unqualified to hold such posts, if judged by present-day standards. Nevertheless, I will endeavour to show that they did good work, and, perhaps best of all, that they formed the nidus from which the present magnificent service of country hospitals and country surgery has been developed and is still expanding.

The earliest hospital system of which I can find any record is the Institution of County Infirmaries in Ireland—one for each county; though, strangely enough, two were omitted—the Counties of Dublin and Waterford. Whether this was done by accident or design we do not know, but probably by accident, as later the Meath Hospital in Dublin was designated the Infirmary for that county, and later still, the Leper Hospital of St. John became, by special Act of Parliament, the County Infirmary of Waterford.

These County Infirmaries had their origin in an Act of the Irish Parliament passed in 1765. A Corporation was thereby constituted for the purpose of erecting and establishing public infirmaries or hospitals in the counties: in the county towns or at a distance not exceeding one mile from the County Courthouse, except in

the cases of Antrim, Cork, Donegal, Kildare, Mayo, Meath, and Tipperary, in which counties other localities were specified. By the same statute, every donor of not less than twenty guineas was made a member of the Body Corporate for life, and every subscriber of not less than three guineas, a member for one year. This Body Corporate was to have perpetual succession and a common seal, and be called the Governors, and was entitled to take and receive lands, gifts, grants, and contributions for the sole use of the infirmary. Thus many of the infirmaries were richly endowed by the founders, according to the standards at that time.

The surgeon's salary was not to exceed £100 per annum, to be paid half-yearly out of the public money. This sum, I am given to understand, was the equivalent of £94 Irish currency, and so to this day some of us receive, once every six months, from our respective County Councils a cheque for £47, as a token of their faithful fulfilment of a law passed some one hundred and eighty years ago. The surgeon was to live at or within one mile of the infirmary, and, in some counties, e.g., Armagh and Down, this was regarded as an instruction to build an infirmary house or residence.

The Grand Jury were obliged to raise a yearly sum not exceeding £100 nor less than £50 as a county charge, for the provision of food, medicine, and the general upkeep of the hospital.

The county infirmaries were built by funds entirely provided by voluntary subscription, and, except for the assistance referred to, were maintained by charity for some years after their foundation. After a time, however, the income derived from charity was found to be insufficient, and in 1805 the Grand Jury was given power to levy an additional county charge not exceeding £500, making a total of £600 in the year for the support and maintenance of the infirmary, which thus gradually passed from being a voluntarily supported institution to being largely a rate-aided one. By the Grand Jury Act of 1836, the county charge for maintenance and support was increased to a maximum of £1,400 per annum, and remained at this figure, in spite of the greatly increased cost of living, until 1923, when the Northern Ireland Local Government Act removed the financial restrictions. But no provision was made out of the county rates to meet the cost of extensions, improvement, or equipment to keep abreast of the times. All these were left to charity.

When the Local Government Act of 1898 was being drafted it was proposed to do away with the County Infirmaries, but the Chief Secretary for Ireland, Mr. A. J. Balfour, was approached, and a compromise was arranged whereby the county infirmaries, after valuation, were handed over as a free gift to the County Councils, on condition they maintained them: the maximum grant of £1,400 was still imposed, a joint Committee of Management formed, and so it is to this day . . . or was until 5th July.

It would be difficult for us, cradled in our beautifully-equipped modern hospitals, to picture what the county infirmaries were like in their early days, and a few extracts from their very early history might be enlightening. For example, Derry Infirmary was used as a fever hospital, and, until 1828, was also described as a refuge for the insane. The hospital surgeon was compelled to act as surgeon to the prison, without fee or reward, but he was also by right of office a Freeman

of the City of Derry. In 1845 we have record of a notice to patients "not to throw their dirty poultice cloths out of the windows," and in 1820 a patient was put on bread and water for three days for disobeying an order of the Board. Try that today and see what the Union will say or do!

From Down County Infirmary we have a diet sheet dated 1767 which hospital dieteticians might be interested in, as might also be those who are mainly occupied and often sorely worried by the treatment of gastric and duodenal ulcers.

TABLE OF DIET

Flesh-meat days shall be Sunday, Tuesday, and Thursday.

FOR BREAKFAST.—Water Oatmeal Pottage, one pint, with a pint of milk or small beer, or a pint of Milk Pottage without sauce.

DINNER.—Eight ounces of Beef or Mutton or Pork or Veal, weighed when raw, for each patient. Either of these to be boiled and broth made of it, thickened with Cutlings or Grotts, a pint of which to be served to each. Roots are to be used when to be procured, as Potatoes, Turnips, or Parsnips. When there are Roots, six ounces of bread, and eight ounces when otherwise. A pint of small beer, when to be had conveniently.

SUPPER.—Water Pottage, a pint, or a pint of Flummery or Potatoes. With either of these, a pint of milk occasionally, a pint of Milk Pottage, or six ounces of bread and a pint of milk.

Meager days shall be Monday, Wednesday, Friday and Saturday. Breakfast and Supper the same as on Sunday, Tuesday, and Thursday.

DINNER

(1) Ten ounces of bread and a pint of milk, *or*

(2) Twelve ounces of plain pudding, one ounce of butter and a pint of small beer, *or*

(3) A sufficiency of potatoes and one pint of milk, *or*

(4) Ten ounces of bread, two ounces of butter and a pint of small beer, *or*

(5) Three ounces of skimmed milk cheese, eight ounces of bread, and a pint of small beer, *or*

(6) One quart of broth, made the day before, and four ounces of bread, *or*

(7) A quart of grott gruel, or barley seasoned with salt and butter, and four ounces of bread.

There lived in Lisburn in the early 1800's a Mr. William Thompson, M.D., F.R.C.S.I., who was surgeon to the County Antrim Infirmary for almost fifty

years. He reversed the present order of prestige in that he had consulting rooms in Belfast and attended there daily. That this was a very successful and lucrative practice is evidenced by the fact that we have in Lisburn to-day the Thompson Memorial Home for Incurables, built by his relatives after his tragic death. He was killed at Dunmurry crossing the railway in 1882, when 76 years of age.

My predecessor in the County Antrim Infirmary gives us an interesting, if lurid, account of that hospital when he was appointed to it in 1882, after Mr. Thompson's death. He says :—

"The staff consisted of a matron who was not a trained nurse, two nurses, neither of whom could either read or write and who had received no training whatever, and a porter. There was no night nursing at all. One of the nurses occupied a bed in the female ward, and the porter slept in one of the male wards. The dispensary was the abode of very large black and grey slugs and cockroaches, and the yard was infested with rats. There was one bathroom, with the bath sunk in the stone-flagged floor and seldom, if ever, used. Behind the hospital were the pig-styes, from which a stream of sewage found its way down the yard, and flies were plentiful.

"The operating room had a wooden table and a wooden press holding instruments, and at each end a human skeleton. In the wards there was no ventilation, except when the windows were open, which was seldom. The beds were iron, and the mattresses straw stuffed into ticks. Plates were wooden, and knives and forks were not provided. There were no washbasins and taps, and vermin were plentiful, especially bugs." In this year he records that there were forty operations performed, with four deaths, perhaps not too bad a result under the conditions prevailing.

In 1885 the first attempts at modernisation were made, viz., the building of extensive bathrooms and lavatory accommodation.

In 1887 a trained nurse was appointed as matron and nurses were instituted in place of the attendants on the sick, as previously. Also in the same year the change of the mattresses from straw to wire-woven was of great advantage, rendering the wards cleaner and the air purer, as the debris of the straw when the beds were made floated about in the air. He advocated, however, that thin hair mattresses over the wire ones would be of service, as the wire was rather cold to lie on in the winter.

In 1893 we have reported :—The amount of stimulants used during the year was four and a half gallons of whisky, thirty-nine dozen of stout, and a gallon of gin. No wonder the man and the place were popular !

In 1896 a horse ambulance was provided by public subscription in the town for the removal of sick people and accident cases to the hospital.

In 1904 electric light was provided by means of a petrol-driven engine and dynamo, and the first X-ray plant was presented to the hospital by the Barbour family. This was a small machine that made a terrific noise : there was a visible spark of some six to twelve inches, and, although I was present at its use on several occasions, I must confess its workings were a complete mystery to me and I was terrorised by this exhibition of intern thunder and lightning.

In 1912 a new operating theatre and sterilising room were built and an electric lift installed, and so, gradually, we see a comparatively modern hospital with most of the amenities for up-to-date treatment evolved from this primitive house of discomforts, insects, and dirt, within the lifetime of one individual.

We are now approaching the era of Poor Law and Hospital Reform in Ireland, and it is remarkable that these included in their efforts a desire to cripple or damage the county infirmaries.

In 1925 the Secretary of the Northern Ireland Local Government Commission wrote to the infirmaries, stating :—"Various suggestions have been received alleging that county infirmaries are unnecessary, and that a system of district hospitals equipped with up-to-date apparatus would more adequately suit the needs of the country." This led to a variety of suggestions, and, after much controversy, it was finally arranged that county infirmaries were to remain, and, where the building, etc. was suitable, they were to be enlarged and equipped as the central hospital and be supplemented by the conversion of several selected Union infirmaries into district hospitals.

In my opinion, the credit of making this revolutionary change, or, at any rate, for making the idea of it a possibility, must go to Dr. Darling of Lurgan. He was doing major surgery, and good surgery, in his Union infirmary long before it became the modern, up-to-date, and well-staffed hospital of to-day. Ballymena was also early off the mark with the building of the Waveney Hospital, which served as an auxiliary military hospital from 1915-1919 and then became a district hospital with about one hundred and fifty beds. The Union infirmaries at Antrim, Lisburn, Larne, Ballycastle, and Newtownards were soon undergoing drastic alterations, and, later, those of Banbridge, Ballymoney, Kilkeel, and Magherafelt.

It is now common knowledge how this chain of district hospitals has been brought into the scheme of things, and the magnificent work that is being carried on in them, giving the lie to a prophecy made by my old friend and teacher, Professor Fullerton, that these district hospitals would give rise to a large number of very poor surgeons. Even one of his eminence could not see twenty years ahead, nor envisage the evolution of our old prison workhouses into the bright, cheerful hospitals of to-day. And he would be the first to admit the ability, attainments, and the splendid results achieved by the men who staff them.

I do not propose to weary you with a long list of figures or bore you with statistics, but the increased use of country hospitals, and especially of their surgical units, can best be shown by a brief summary of figures over a selected number of years.

I do not pretend that this is a complete record of all work done outside Belfast in these years. I contacted most hospitals in the Six Counties, and to their medical officers I am deeply indebted for the loan of old reports and articles of special interest about their own hospitals. Some did not publish reports and records were not readily available, and a few seemed to mistrust the use to which I might put any information received. However, the figures quoted will give a comparison that speaks for itself.

In 1910, 3,298 patients were admitted to country hospitals in Ulster and 1,252 operations were performed. At this time, you must remember, the only hospitals which were doing surgical work were the six county infirmaries, with an average of under sixty beds each.

In 1920 the number of admissions had risen to 4,877 and the number of operations performed to 2,016.

By 1930 the influence of the district hospitals and the increase in the number of beds available is being felt, and we have 9,165 admissions, with 4,418 operations.

In 1940, with still more beds available, admissions are 17,639 and operations 8,243, whilst in 1947, the last year of available statistics, admissions are up to 24,092 and 12,669 operations were performed.

Ladies and Gentlemen, I make no apology for my subject. The bringing up to date and filling in of one's historical background, however sketchy, is a necessary and practical service to any profession. Medical service has had its day of small things, one that gives us both pride and pain to recall. Indeed, in these matters, the student and young graduate of to-day scarcely realises how fortunate he is. Spending, as he does, some years amid the magnificence of our City hospitals—equipped, regardless of expense, with the very latest of everything and staffed with the cream of our profession—he must find it extremely difficult to visualise a hospital such as I have earlier described, or the problems that beset a doctor in fighting disease in such conditions and surroundings.

So far as our profession is concerned, we are at present passing through a great, new, transitional stage. The bad, old, poorly-equipped days are happily gone. But we would not wish them to pass completely from sight without recalling for a moment the heroic figures who did duty in those days, or without acknowledging the great and good work that they accomplished. Most of them were big men, featuring life physically at its best and radiating everywhere and always a herculean cheerfulness. In saying this, I hope you will not a-judge me of allowing my hero-worshipping tendency to outrun my reason. For if such a reception were forthcoming, I could not better defend my opinions than by pointing out that if the country doctor will henceforth work in a hospital second only to those of the city, and the country patient enjoys a service that compares favourably with that of his city contemporary, a large measure of the credit for these reforms is due to these pioneer surgeons, who, starting from well behind scratch and within a time space of forty or fifty years, succeeded in the face of many difficulties in modernising the buildings and in equipping and staffing them according to the standards acceptable to these modern times. Yes, they indeed served well their times, and that not only in duties appertaining to their own profession, but in supporting and influencing everything that made for the good of the population among whom they resided. We, therefore, metaphorically, raise our hats to this brave band of country surgeons who blazed well the trail of our profession in this country, who enriched the stream of public life and well-being, and who set up a standard of social service that future generations may deem it well to emulate, but will find it hard ever to excel.

For this reason, let this be their epitaph :—

The Doctor sleeps. No more at pain's behest
Shall he relinquish his much-needed rest,
No more his skilful hand and tender heart
Shall give to some new life a proper start.

The Doctor sleeps. His fighting days are done,
But hundreds live because of bouts he won,
And, generations hence, those will draw breath
Who would not Be had he not vanquished Death.

The Doctor sleeps. Might we his deeds recall
His name would blaze in Fame's enmarbled Hall,
But, serving modestly through life, it now seems best
To merely write, "His work survives," and let him rest.

REVIEWS

TUBERCULOSIS IN CHILDHOOD. By Dorothy S. Price, M.D.(Univ. Dublin).

In the second edition of her well-known book, Dr. Price has rewritten some chapters and has revised the whole book, to which Mr. H. F. McAuley has contributed a chapter on orthopædic lesions. The result is a well-illustrated, detailed, and yet concise account of the many manifestations of tuberculosis in childhood, and of their prevention, diagnosis, and treatment.

Dr. Price bases her description of childhood tuberculosis on the primary type, and follows the school who believe that the stages of dissemination and of isolated bronchogenic tuberculosis are the results of primary infection, and that true re-infection and exogenous superinfection do not play an important part in the development of these later stages of the disease. Though she is a convincing advocate of this view, Dr. Price does not feel that it is sufficiently well established to accept the practical implication that it is unnecessary to remove infected children who are undergoing treatment, from contact with phthisical adults. The sections on primary tuberculosis of the lung and on B.C.G. vaccination are outstanding, and for these alone the book is well worth careful study. They are subjects upon which Dr. Price is particularly well qualified to write, by virtue of her long experience and pioneer work in this field. Even in this comprehensive volume there are several omissions, and it is surprising, for example, to find that, in the chapter on radiology, the use of tomography in elucidating some of the problems of childhood tuberculosis is not mentioned.

This book, with its sound and progressive outlook, is a very distinguished addition to the literature on this subject. It will be of great value to all medical practitioners, and especially to pediatricians and to those whose work lies largely in the field of tuberculosis. A. L.

MODERN TREATMENT YEARBOOK, 1948. Edited by Sir Cecil Wakeley, K.B.E., C.B., F.R.C.S. Pp. viii + 344, with 26 illustrations. 15s net.

This volume is presented in its usual good style. There are thirty-eight articles, covering much that is new in medicine, surgery, gynæcology, and midwifery.

The contributors are all experts in their respective branches. Bearing in mind the needs of the general practitioner, they have produced an excellent volume of up-to-date information, succinctly expressed and very readable. W. G. F.